

## **EMPLOYMENT INFORMATION**

The City of Muskegon has contracted with the County of Muskegon to provide human resources services.

### CONSIDERATION OF YOUR APPLICATION DEPENDS UPON THE FOLLOWING:

- 1. Fully completed employment application submitted by the deadline, if applicable!
  - If mailed, it must be postmarked on or before the deadline date.
  - If faxed, it must be received no later than 5:00 p.m. on the deadline date.
  - If e-mailed, it must show that it was sent no later than 5:00 p.m. on the deadline date.
  - If submitting by fax or e-mail, call 877-521-JOBS to verify that your application was received.
  - Please be certain to provide all requested information.
  - Incomplete applications may be disqualified from further employment consideration.

### 2. OUT-OF-STATE APPLICANTS:

- Your Driving Record: You must obtain your driving record from the state issuing your license.
- Mail the driving record report to the Civil Service address on the front page of the application.
- The driving record report *must* be on file by the application deadline date.

### 3. WHETHER OR NOT YOU MEET THE POSITION REQUIREMENTS, AS STATED ON THE JOB ANNOUNCEMENT.

If you do not qualify, pass the testing, and/or obtain employment, you may re-apply at the next opportunity.

### FOLLOWING AN APPLICATION DEADLINE, YOU WILL BE MAILED INFORMATION ABOUT THE STATUS OF YOUR APPLICATION.

- Please allow sufficient time to receive the notice of your application status, depending on the recruitment type.
- Whether or not your application is accepted for employment consideration, you will be notified by mail of your status. If your application is accepted, your letter also will inform you of any test date(s) and location(s).

### **CANDIDATES PROGRESS IN THE RECRUITMENT AS FOLLOWS:**

- Those passing the practical/written exam(s), if given, will move on to the oral exam.
- The oral exam is a graded panel interview; it is *not* a hiring interview but rather part of the recruitment.
- Additional practical (hands-on) tests may be given for select positions. Generally these are pass/fail exams.

### SCORES FROM YOUR ORAL EXAM AND WRITTEN TEST ARE AVERAGED TO DETERMINE YOUR FINAL SCORE.

- Your final score is used to determine your placement on the eligibility (hiring) list.
- Candidates' names generally remain on eligibility lists at least one year.

### AS OPENINGS OCCUR, CANDIDATES IN THE HIRING LIST'S TOP 3 RANKINGS ARE REFERRED FOR DEPARTMENT INTERVIEWS.

- Candidates are notified by mail of the interview opportunity.
- This is the hiring interview! (Refusal of this interview may result in removal of your name from the hiring list.)
- A candidate is hired from this group to fill a vacancy.

Employment opportunities are posted on the City's web site at <a href="http://www.muskegon-mi.gov/departments/civil-service/">http://www.muskegon-mi.gov/departments/civil-service/</a>

or contact the City's human resources service provider:

Muskegon County Human Resources Department 1611 Oak Avenue Muskegon, MI 49442 Telephone Number (877) 521-JOBS

A COMPLETED APPLICATION IS REQUIRED FROM ALL CANDIDATES; THE CITY <u>DOES NOT</u>
SOLICIT OR RECOGNIZE A RESUME ONLY AS AN APPLICATION

APPLICATIONS REMAIN ON FILE FOR ONE YEAR FROM DATE OF RECEIPT

If you require special accommodation(s) in testing due to a legally defined disability, please notify the Human Resources Department in writing at the time of application.

The City of Muskegon contracts with the County of Muskegon for human resources services. Submit application to:

MUSKEGON COUNTY HUMAN RESOURCES DEPARTMENT 1611 Oak Avenue Muskegon, MI 49442

Telephone (877) 521-JOBS Fax (231) 724.6840

City of Muskegon Application for Position(s) of:

APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR.

As E-mail attachment: jobs@co.muskegon.mi.us

The City of Muskegon is an equal opportunity employer and shall consider all qualified applicants without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class.

Home Phone Number Other Contact (Cell number, e-mail address, etc.)
Street Address City State ZIP
Date available for work:// Available for ☐ Full-time ☐ Part-ti
Do you have a valid, unrestricted driver/operator license?
If no, please explain  Have you had your driver's license suspended, revoked, or restricted in the past th years?
Driver License Number State of Issue
Do you have a valid commercial driver license (CDL)?
If yes, type and endorsement(s)
Have you ever worked for the City of Muskegon?
If yes, position held:
Employment date(s)
Do you have friends and/or relatives employed by the City?
If yes, please list
Do you hold a National Career Readiness Certificate?
If yes, please indicate whether it is 🗌 Bronze 🔲 Silver 🔲 Gold
Are you 18 years of age or older?
Are you on layoff?
If an loveff are you subject to recell?
If on layoff, are you subject to recall?
Are you authorized to lawfully work in the U.S.? Yes (Proof of employment eligibility will be required upon hire.)
Are you authorized to lawfully work in the U.S.?

Please give school/trade school/college i	information below:		
School Name & Lo			
	Earned	Graduate	Curriculum
(High School)		Yes/No	
College or Trade School)		Yes/No	
College or Trade School)		Yes/No	
(Other)		Yes/No	
MPLOYMENT:	<u> </u>		
	d or forced to recian from on	v position'	D □ Van □ Na
ave you ever been discharge	_	•	
t yes, piease expiain:			
	m the job duties related to th Yes No (Note: Job descri		upon request.)
ithout accommodation?	Yes No (Note: Job descri	ption available	upon request.)
ithout accommodation?	Yes No (Note: Job descri	ption available	upon request.)
ithout accommodation?  If no, please explain:  OU MUST COMPLET	☐ Yes ☐ No (Note: Job descri	iption available	upon request.)
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rithout accommodation?  If no, please explain:  OU MUST COMPLET  lease list your employment a tart with your present job sta	TE THIS PART EVEN  Ind/or unemployment history  tus and work backward, chro  Dates  From  Hourly Rate/Salary	IF SUBN	//ITTING A RESUME:  / accounting for time periods.  fork Performed:

Hourly Rate/Salary

Final

☐ Full-time

☐ Part-time \_

\_ hours per week

Start

Telephone Number:

Supervisor's Name:

Reason for leaving:

Job Title:

mployer Name & Address: Dates		Work Performed:			
	From	То			
Felephone Number: Hourly Rate/Salary					
	Start	Final			
Job Title:					
Supervisor's Name:					
Reason for leaving:			☐ Full-time		
			☐ Part-time hours per week		
Employer Name & Address:	Da	tes	Work Performed:		
	From	То			
Telephone Number:	Hourly R	l ate/Salary			
·	Start	Final			
Job Title:					
Supervisor's Name:					
·			│ │		
Reason for leaving:			☐ Part-time hours per week		
			☐ Fait-timenours per week		
TRAINING AND SKILLS: (Circle i	the functions with which	h vou are proficient)			
Computer: ACCESS EXCEL WO	POWERPOINT PUBLISHER				
Other applications:					
Heavy Equipment: BULLDOZER E	XCAVATOR FRO	ONT-END LOADER	GRADER LG SNOW PLOW		
Other:					
MARINA AIDE SEASONAL APPLICANTS:  Do you have the ability to swim 25 yards and tread water for 2 minutes?					
		si ioi 2 illillates:			
	CRIMINAL RECORD HISTORY: Have you ever been convicted of a crime or are you currently under charges for any felony?				
Yes No If yes, provide an explanation on a separate indicating the date of the offense, the violation					
with which you were charged; name and location of the court(s), action taken/penalty imposed.					
Have you had any driving citation(s) related to alcohol or drugs? Yes No					
If yes, provide an explanation on a	• •	_	nse, date of offense, location and		
outcome.					
	for any violations	on your driving	record other than parking tickets?		
Yes No If yes, provide an explanation on a separate indicating the nature of offense, date of offense, location and					
Outcome.  (A conviction will not necessarily be a bar to employment. The nature and circumstances of a conviction will be considered in any employment-related decision.)					
REFERENCES: (Please list two personal references who you have known for at least two years; do not include relatives.)  Name  Address  Telephone					





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## **CITY OF MUSKEGON**

## **FAIR CREDIT REPORTING ACT AUTHORIZATION & WAIVER**

I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services that have information about me to give the City of Muskegon any information and/or opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to the City of Muskegon any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver will be valid as an original.

I agree that the City of Muskegon may obtain a consumer credit report about me in connection with my application for employment.

If your application is denied on the basis of information contained in a consumer credit report, or if an adverse action is taken against you regarding your employment based on information contained in a consumer credit report, you may request copy of the report and description of your rights under the Fair Credit Reporting Act.

Date	Applicant's Signature

### The City of Muskegon contracts with the County of Muskegon for human resources services.



### AGREEMENT AND UNDERSTANDING

(Read carefully and sign below if you agree to these terms of employment.)

I certify that the information on this application is true, complete, and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation, or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

In consideration of my employment, I agree to conform to the rules and regulations of the City of Muskegon as they may be amended from time to time. I also agree that the contents of any office, locker, desk, or equipment or other City property I may use, and any of my own property I bring onto the City's premises (including, without limitation, cars, packages, and purses) may be inspected by the City at any time, and I waive any claims against the company or its agents relating to such inspection. I understand City employment is at will unless otherwise stated in a written City document.

I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to the Bullard–Plawecki Employee Right-to-Know Act.

I authorize my references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information that they may have and release all parties from any liability for any damages that may result from furnishing same to you.

I authorize the City of Muskegon to release any information relating in any way to my employment, including disciplinary reports, letters of reprimand, or other notices of disciplinary action when such information is required by any prospective or subsequent employers without any obligation by them or you to give me any notice of such disclosure.

I understand that any employment offer is conditional upon the drug screening test results and the post-offer preemployment medical examination, and I agree to submit to physical examinations permitted by law before and during my employment, at the request and expense of the City, and I agree to disclose all information lawfully requested at such examinations about my physical and mental condition and medical history. I waive any claims against the City or its agents relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

If employed, I understand that if I am or become in need of accommodation(s) for employment, I must notify the City of Muskegon in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the City will preclude any claim that the employer failed to make accommodation.

I have read, understand, and agree to the terms of each of the above statements.

Date	Signature of Applicant	
	PRE-EMPLOYMENT DRUG TESTING CONSENT FORM	
I,	, understand that the City of Muskegon, Michigan has a policy against the use, sale,	

possession, or distribution of illegal drugs or being under the influence of illegal drugs by its employees and applicants for employment. I further understand that the City has adopted a pre-employment drug-testing program as a method of implementing that policy.

I hereby consent to the taking of my urine, hair, blood, or breath by the City or its agents for the purpose of the above

I hereby consent to the taking of my urine, hair, blood, or breath by the City or its agents for the purpose of the above drug-testing program, and the testing of such samples by a testing laboratory designated by the City. I hereby further consent to the release of any test reports on such samples to the City and to the use of all such reports by the City in its assessment of my employment application. I understand that my refusal to consent to such testing will result in my disqualification from further consideration for employment with the City.

I also understand that determining my suitability or fitness for employment is within the sole discretion of the City, and that a positive test finding will result in my disqualification from further consideration for employment.

It is understood that certain medications may be identified in any drug testing, and I have completed or will complete the "Confidential Prescription/Non-Prescription Medication Form," to the best of my recollection and belief for use in the drug test. This form will be completed by me and placed in a sealed envelope for the sole and exclusive use of the testing laboratory to help ensure the accuracy of the testing procedures.

I release the City and the testing facility selected by the City, and the officers, directors, employees, and agents of each of the aforementioned, from any and all claims or potential claims or actions relating to such testing, including the taking of samples, the testing process, procedures, analysis, disclosure and utilization of the test results in considering my employment with the City.

Finally, I understand that, if hired, I am required to comply with the City's "Drug-Free Workplace Policy," and that my violation of said policy may result in disciplinary action, up to and including immediate termination.

My signature below acknowledges that I have read and understand this consent form, and I agree to be considered for employment with the City on the conditions set forth above.

Date Signature of Applicant 011805/071411



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## **CITY OF MUSKEGON**

THESE JOBS ARE CLASSIFIED AS SAFETY SENSITIVE POSITIONS SUBJECT TO THE DEPARTMENT OF TRANSPORTATION (DOT) RANDOM DRUG AND ALCOHOL TESTING PROGRAM:

	COLAIII.			
	Traffic Sign I	Fechnician Equi Worker I & II Publi Maintenance Worker ockroom Clerk	pment Operator Mechanic ic Workers Supervisor Sign Fabri Water/Sewer Maintenance Public Works Superintenc	Worker
<u>AP</u>	PLICANTS FOR A	NY OF THE ABOVE PO	DSITIONS MUST COMPLETE THIS FO	ORM!
1.		whether you have perfo nic) in the past two yea	ormed a safety sensitive function (forms: Yes No	r example,
2.	•	"Yes" to Item 1 above, eld in the past two year	, please provide the following inform s:	ation for
JOB	TITLE	EMPLOYMENT DATES	EMPLOYER'S NAME & ADDRESS	PHONE NUMBER
				1.5
the Pu em pro	Department of regular ployer, must obogram with prevorder for the Cit	Transportation's (DC tilons governing the stain results about you ious employers for the ty to comply with this	classified as a safety sensitive po DT) Random Drug and Alcohol Te program, the City of Muskegon, a pur prior participation in this man he past two (2) years.	esting Program.  as a prospective indated testing in the above-
this app	s information. F plication and rev	ailure to sign the wa vocation of your orig	ure on the waiver below authorize iver will be considered as an inco jinal Agreement and Understandi ir current and former employers.	omplete ing authorizing
Cit the	y of Muskegon i Federal Highwa	for the purpose of in	ous employer(s) to release the investigation as required by 49 CF egulations and discharge them fr eg such information.	R Part 382.413 of
,				
App	licant's Printed Name		Applicant's Signature	
Nate	·			



# THE CITY OF MUSKEGON CONTRACTS WITH THE COUNTY OF MUSKEGON FOR HUMAN RESOURCES SERVICES. 1611 Oak Avenue, Muskegon MI 49442

## CITY OF MUSKEGON BOARD OF CIVIL SERVICE COMMISSIONERS

### APPLICATION FOR VETERAN'S EMPLOYMENT PREFERENCE

The City of Muskegon provides for veteran's preference for applicants who have been in active service in the armed forces of the United States during a recognized war period or other recognized conflict as defined by federal law.

forces of the United States during a recog	nized war period or other recognize	d conflict as defined by federal law.		
Applicant's Name				
Last Name	M.I.	First Name		
I was discharged under less not eligible for veteran's prefere		(If you checked this option, you are		
I was discharged under hono	rable conditions.			
completed City of Muskegon er Documentation substantiating y application AND include a copy	n's Preference, you must fill omployment application form.  your veteran's preference clain  of your DD 214, Certificate o	out this form and return it with your m must be furnished at the time of of Discharge or Separation from f your military enlistment papers.		
Service Entry Date	Discha	rge Date		
I wish to claim Veteran's Prefere	nce based on the following	active duty:		
World War II: 12/7/41 to	4/28/52			
Korean Conflict: 6/27/50	to 1/31/55			
☐ Vietnam Conflict: 2/28/6	1 to 5/7/75			
Grenada Expedition: 10/	/25/83 to 11/21/83			
Persian Gulf War: 7/24/87 to present				
Other				
•	presentation or omission of fa	e to the best of my knowledge. I also cts herein will make me ineligible for		
Printed Name	Signature	 Date		

071304/011405/071411

#### **VETERAN'S PREFERENCE:**

Recognizing that sacrifices are made by those serving in the Armed Forces, veterans may receive preference over non-veterans in City hiring practices. Preference does not have as its goal the placement of a veteran in every vacant job; this would be incompatible with the merit principle of public employment. Veteran's preference points may be added to a passing final test score used for an open competitive referral for City employment. Entitlement to veteran's preference does not guarantee a job.

### **VETERAN'S PREFERENCE POINTS: 5 Points.**

To claim veteran's preference, eligible veterans must meet the minimum training and experience requirements for the City position; must be capable of performing the essential duties of the job, with or without accommodation; and pass the City's Civil Service examination required for appointment. Veteran's preference may be used only once in gaining initial employment with the City of Muskegon

#### WHO IS ELIGIBLE?

The veteran must have served on full-time active duty\* for 90 or more consecutive days in the United States Army, Navy, Air Force, Marines, or Coast Guard and have been in active service during a recognized war period or other recognized conflict as defined by federal law AND have received a form of honorable discharge/separation from the service prior to taking the civil service exam.

Anyone discharged or separated under less than honorable is NOT entitled to veteran's preference points.

\*Note: Active duty for training CANNOT be counted as part of the 90-day service requirement for veteran's preference points, such as Guard and Reserve active duty for training.

#### **WAR ERA VETERANS:**

World War II 12/07/41 to 4/28/52

Korean Conflict 6/27/50 to 1/31/55

Vietnam Conflict 2/28/61 to 5/7/75

12/31/60 to 5/7/75

Bosnia 11/20/95 to present

El Salvador 1/1/81 to 2/1/92

Grenada Expedition 10/25/83 to 11/21/83

Lebanon Peacekeeping Mission 6/1/83 to 12/1/87

Panama Expedition 12/20/89 to 1/31/90

Persian Gulf War 7/24/87 to 8/1/90

12/1/95 to present

Iraq 1/1/97 to present

The above are examples of campaigns and expeditions and not an exhaustive listing of qualifying service.

071404



## THE CITY OF MUSKEGON, MICHIGAN IS AN "EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER"

### YOU ARE NOT REQUIRED TO COMPLETE THIS FORM

The information you provide on this form is used only to study recruiting and employment patterns of the City of Muskegon and to determine whether information about City job opportunities is reaching all segments of the community. Your answers are used only to assist in future recruitment efforts.

Thank you,

	MUSKEGON	BOARD OF CI	VIL SERVICE COMMISSIONERS	
Title of job(s) applied for				
☐ Male ☐ Female		Highest level	of education attained:	
Race/Ethnic Group:		☐ High School Diploma		
American Indian or Alaskan Nativ	⁄e	G.E.D.		
Asian		☐ 1-3 years of college ☐ Bachelor's degree in ☐ MA/MS degree in		
Black or African American				
Hispanic or Latino				
Native Hawaiian or other Pacific I	slander	Doctorate degree in		
☐ Two or more races		Other deg	ree in	
☐ White (Not of Hispanic Origin)				
How did you learn about this City employmer			·································	
City Employee	City job a	nnouncement	☐ Walk-in applicant	
☐ The Muskegon Chronicle ☐ City		site	Professional Publication	
Internet listing on	_ Career fair	r at		
School placement office at		<del></del>	☐ Other	
Date of Birth:				
Please indicate below the nature of any reason job functions, as you understand them to be, o		tion(s) you may		
Your zip code		Today's date		